

## Northland District Health Board Submission

**SUBJECT: POSITION STATEMENT ON INSTITUTIONAL RACISM**

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**Endorsed by:** Dr Nick Chamberlain, Chief Executive

### 1. RECOMMENDATION:

The Board is asked to:

- o **Receive** this paper
- o **Endorse** the position statement on Institutional Racism (Item 5.2)
- o **Note** the actions underway by NDHB (Item 5.3)

### 2. PURPOSE

This paper provides an update on recent media events in support of Auckland DHB position statement on Eliminating Institutional Racism. In this paper we provide information giving context and a position we believe could be acceptable to the Board.

Northland DHB has been aware of Institutional Racism for a number of years. However, international and national research on the subject extends back to the 1990s. We provide two definitions for the Board to consider along with a draft Position Statement. As you read the paper, you will see there are many actions and activities now underway tackling this problem.

### 3. SITUATION

A thesis written by Doctor Heather Came in 2012 titled '*Institutional Racism and the Dynamics of Privilege in Public Health*' raised the spectrum of this topic as part of her doctorate research. One of the conclusions made was about honoring Te Tiriti o Waitangi as a pathway to transforming racism. She believed transformation had to be led by senior managers, professional bodies, unions and communities. Crown officials must be supported to strengthen their professional accountabilities and to embrace ethical bicultural practice and provide greater transparency through effective monitoring of Crown behavior and supported practice.

The recent report by the Waitangi Tribunal enquiring into Health Services and Outcomes Kaupapa (Wai 2575) focusing on primary health care released to the Minister of Health on 28 June 2019 has also raised the spotlight on the subject. The Tribunal found in favour of the claimant groups and believed the Crown (and its agents) acted inconsistently with the principles of the Treaty.

Similarly, Auckland DHB in a New Zealand Herald article dated 28 July 2019 concluded that Institutional Racism was to blame for poor Maori and Pacific Health. One action the article cites as proactive is Auckland DHB will put managers through training modules as part of a new plan to stamp out institutional racism - a term that describes how procedures or practices result in some groups being disadvantaged.

Radio New Zealand on 30 July 2019 raised the question that Northland DHB had not committed itself to eliminating institutional Racism. The Radio NZ news piece linked statements made by a local GP to the Auckland DHB article, Waitangi Tribunal Report (Wai 2575) and the Health Quality and Safety Commission NZ report titled '*A Window on the Quality of Aotearoa New Zealand's Health Care 2019*'.

Northland DHB officials were subsequently interviewed to provide comment and response. This went to air on Thursday, 01 August 2019 as part of the Morning Report for Radio New Zealand.

#### 4. DEFINING INSTITUTIONAL RACISM

Many international and local articles have been written on the subject of institution racism and health inequalities dating back to the 1990s.

Dr Eru Pomare, a senior Gastroenterologist and lecturer (University of Otago), presented his report (in 1988) entitled *Hauora: Maori Standards of Health – A Study of the Years 1970 – 1984*. This publication was important as it raised Maori health disparities within the New Zealand health system and identified unequal access by Maori.

##### 4.1 Defining what we mean?

An article published by Barbara R Henry, Shane Houston and Gavin H Mooney titled *Institutional racism in Australian healthcare: a plea for decency* and dated 17 May 2004 gave this definition:

**Institutional racism** “refers to the ways in which racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups”. It has been claimed that “Institutional racism is embedded in Australian institutions” Often, institutional racism is covert or even unrecognised by the agents involved in it.

Wikipedia in their online post provide this view:

**Institutional racism** (also known as **systemic racism**) is a form of racism expressed in the practice of social and political institutions. It is reflected in disparities regarding wealth, income, criminal justice, employment, housing, health care, political power and education, among other factors.

The most important aspect between the two definitions is the notion of ‘practice’ being set by institutions (like DHBs) and how these ‘practices’ or ‘behaviours’ discriminate and lead to disparities, inequity and unequal outcomes to minority populations like Maori, Pacific, Asian and other vulnerable communities.

Removing and stamping out any type of racism, bias and prejudice must start with the Board and be driven by the Chief Executive and Executive Leadership Team.

#### 5. OUR POSITION ON INSTITUTIONAL RACISM

##### 5.1 Why we should take a position

Auckland DHB has publicly taken a stance on institutional racism within its system. They have also identified training would be provided to all management encouraging change and understanding.

A position statement is important as it provides a brief evidence-based description on the issue or item at hand and how we would meet this statement through initiatives we implement.

On its own, a position statement will have no meaning or purpose unless we identify some strategies, key actions and tools (i.e. data and audits) to underpin the achievement around the statement.

##### 5.2 Northland DHB Board (draft) position on Institutional Racism

Northland DHB (NDHB) cares about the achievement of Tiriti based equitable health outcomes for its Maori population. Institutional (and systemic) racism contributes to inequalities and poorer health outcomes in our communities. It is the collective responsibility of the Northland health system to rid itself of this practice. We are committed to this within NDHB working together with people, whānau/families, communities, hapū, iwi, health agencies and other partners to influence this change and improve access to healthcare to Northland Maori.

#### 6. RESPONDING TO INSTITUTIONAL RACISM

What is Northland DHB doing to address the question of Institutional Racism?

We now provide a summary to programmes and activities either planned or now underway for the DHB:

### **6.1 Tiriti o Waitangi Governance Training**

As part of the governance requirements for retuning and newly appointed members Tiriti-based training will be introduced to the Board following the triennial elections. The focus of this programme is to provide decision tools to help guide board members to fulfil their obligations under Section 4 of the New Zealand Public Health and Disability Act and to take into account Wai 2575 findings. A programme will be introduced in 2020.

### **6.2 Northland DHB Policy framework**

#### *a. Tiriti o Waitangi Policy*

Given the Waitangi Tribunal Report and their redefining of the Tiriti principles, Northland DHB will update its own policy to reflect these changes. We will also design and introduce Tiriti-based audits. They will assess the DHB's obligations under the Act, including Policies and their implementation.

#### *b. Equity Policy*

A comprehensive re configuration of the Equity Policy is now underway to include the reframing to introduce a lens provided by the Waitangi Tribunal. The policy review will still utilise the HEAT Tool and Equity of Health Care Framework as the baseline and introduce auditing to ensure management and services are using the revised policy and we are able learn as an organisation based on the recommendations made.

### **6.3 Organisation Programmes**

Northland DHB has been refreshing Te Kaupapa Whakaruruhau or the Maori Cultural Pathways which is an important area NDHB can provide leverage to its employees. We deliver a number of programmes which include:

#### *a. Engaging Effectively with Maori*

A programme that challenges and confronts bias, prejudice and even racism through using lived experiences of communities and what they have reported to the DHB. The programme was introduced in 2016 and Hone Hurihanganui was an external contractor who delivered from 2016-2018. The Chief Executive saw the importance and made the programme compulsory for all DHB staff to attend. The programme is now internal to the DHB and being delivered by staff who act as champions. The Programme is still compulsory and all staff are expected to attend. So far, we have had 2172<sup>1</sup> (or 68%) staff from primary and Community attend.

#### *b. Tiriti o Waitangi*

We deliver this programme as a foundation course for new and existing staff members of the DHB. The module component examines the history, the difference between the English and Maori version and the impact colonisation has had on Maori and the nation. The key deliverable is for employees to have an improved understanding of the relationship and tools that can support them day to day. The programme is free and held each calendar month.

#### *c. Implicit Bias effects on Decision-Making*

This course is for all staff and works with participants to understand what is bias, its point of origin and the long-term effects this can have on communities. Exercises and tools are used to challenge participant perceptions to bias.

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<sup>1</sup> Northland DHB Headcount is 3173 as at July 2019.

*d. Te Reo Pronunciation*

This course contributes to Northland DHB's commitment to eliminating inequities for Maori and is a second tier programme in support of 'Engaging Effectively with Maori'. One of the most significant barriers identified by Maori, Pacific and other ethnicities is the mispronunciation of a person's Christian or surname. Whilst it may not appear important to the health system, this first point of contact can decide if the experience will be good or poor. The programme emerged based on the feedback received by employees who felt it necessary to pronounce Maori, Pacific and other names correctly.

The programme is focused on Maori pronunciation. It introduces basic vowels and phonetics to support with proficient pronunciation of Māori words and names and be able to articulate understanding of some tikanga - modes of Māori customary behaviour.

*e. Engaging Pasifika*

The Engaging Pasifika (EP) programme focuses on the foundation knowledge, skills and attitudes required for services to work effectively with Pasifika people and their families, particularly at the critical first point of contact. The course runs from 9:00am to 4:00pm. This workshop is facilitated by LeVa.

*f. Management and Leadership Modules*

Northland DHB delivers a learning pathway to support current and future leaders within the organisation. In total, there are nine modules which include HR; Recruit, Select, Retain; Mahi & Me; Strategic Leadership; People Leadership; Leading through influence; leading an engaged workforce; courageous conversation; and implicit Bias effects on Decision-Making. Te Poutokomanawa (Maori Health Directorate) will work with Learning and Development to influence module delivery and ensure learning sets reflect Tiriti and equity principles.

*g. Executive Leadership Team*

As the leaders of the Northland Health System there are things we can do to create better accountability. Areas of action should include:

- An innovation KPI (HOSHINs) that specifically targets Māori equity and equity to all other vulnerable populations. This reinforces proactive changes through leadership and is directly reported to the CE.
- Similar to the DHB Board there is Tiriti-Based training outlining the key responsibilities of senior executive management in meeting their Boards obligations under the NZ Public Health and Disability Act (2000). The framing will be about equity and audited accountability of existing services and an aligned performance outcomes system.
- Proactive leadership and use of karakia, mihihi and knowledge of tikanga Maori that supports the use across Northlands health system.
- Design and develop Maori leadership programmes that compliment current leadership learning sets. The outcome would be to provide pathways for Maori and Non-Maori staff to improve their knowledge and add these tools to their critical thinking when working for and with Maori communities.

## **7 Workforce Development**

ELT approved the recruitment of a Workforce Equity Manager, a Recruitment and Selection Policy targeting Maori and the implementation of a Maori Workforce Affirmative Action Plan 2019/2020. We are hoping to announce the appointment of a new Manager in the next few weeks. This position will be key to influence and guiding managers about the changes made and what we expect to see as proactive outcomes for Maori recruitment. The position will also establish a Workforce Dashboard to be reported to ELT and the Board.

## 8 Sector Performance

An important finding by the Waitangi Tribunal was about sector accountability and performance. As part of our focus we will work towards:

- Relevant measures on Māori health outcomes and reporting these separately to the Board. These measures and the reporting against them should be made public and be easily understandable and accessible.
- Working with primary health organisations we will prepare, and make publicly available, an annual Māori health plan and ensure it has the same accountability and standing as the Annual Plan. The Ministry of Health is undertaking national engagement workshops to design the template for future reporting.
- We will strengthen the wording on the Tiriti o Waitangi and its principles in our contracts. This will include a clear statement on the health sector achieving equitable health outcomes for Māori.
- We will also design a Population Health Funding Policy to guide current and future decision on investment, including prioritisation of new funds made available. This will include the application of Tiriti o Waitangi and its principles and equity of outcomes for Maori. Northland DHB currently prioritises new investment using this framework.

## 9 CONCLUDING COMMENT

The media attention on Institutional Racism and the focus on the Waitangi Tribunal Reporting into primary health care, policy and legislation have provided a renewed focus and interest.

Northland DHB has been aware that as an institution we fitted the definitions which described racism, inequity and inequality. The effort of the DHB changed in 2015/2016 with the introduction of 'Engaging effectively with Maori' a programme designed to confront behaviours of bias. Other programmes have since been introduced and the DHB will continue to build on these and measure their success.

Naku noa iti nei

Signature 

Date 12/8/19

GENERAL MANAGER MĀORI HEALTH

Signature 

Date

19/8/19

CHIEF EXECUTIVE

Signature \_\_\_\_\_

Date \_\_\_\_\_

ON BEHALF OF BOARD